

**City of Fairfield
Life After School Emergency Form**

Participant _____ Program Site _____
Address _____ City _____ Zip _____
Home Phone _____
Mother's Name _____ Father's Name _____
Day Phone _____ Day Phone _____
Cell Phone _____ Cell Phone _____
Email _____ Email _____

The following *Other* People are Emergency Contacts & Persons Authorized to Pick-Up* Participant:

(*Authorized person must show photo ID upon release)

#1 Name _____	#2 Name _____
Relationship _____	Relationship _____
Main Phone _____	Main Phone _____
 #3 Name _____	 #4 Name _____
Relationship _____	Relationship _____
Main Phone _____	Main Phone _____

Medical Conditions/Allergies:

☐ My child has no known medical conditions or allergies. ☐ My child has the following medical conditions or allergies.

Epi-Pens – Inhalers ☐ My child has an Epi-Pen or Inhaler (separate form MUST be filled out for staff assistance).

Please Choose ONE (1) of the Following Dismissal Procedures:

- ☐ NO WALK HOME. My child is to be ONLY picked up by an above-authorized person.
☐ WALK HOME. My child is able to walk home from the LAS program.

(Initial here) **Late Pickup and Fees** - I understand that I must pick up my child by 6 p.m.; if I am late, I will pay a \$10 fee for the first 10 minutes and \$10 for every 10 minutes I am late thereafter. If I am more than 1 hour late, I understand that my child may be under the care of the Fairfield Police Department. Habitual tardiness could result in termination from the program.

(Initial here) **Update procedures** - I agree to update this emergency form as information changes or upon staff request throughout the school year.

I have verified that the information on this form is accurate to the best of my knowledge. I agree to hold harmless all City of Fairfield staff, officers and its liaisons, including the Fairfield Suisan Unified School District from any incident that may arise from participation within said program.

(Parent/guardian – print name)

(Parent/guardian – signature)

(Date)

OFFICE USE ONLY:

Date Received: _____	Initials: _____	Updated date: _____	Initials: _____
Updated date: _____	Initials: _____	Updated date: _____	Initials: _____